

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000081245

Entity Name: MICHAEL AKPEKE MD, PL

FILED
Sep 28, 2008
Secretary of State

Current Principal Place of Business:

8915 LATREC AVENUE, #209
ORLANDO, FL 33819

New Principal Place of Business:

11709 DELWICK DRIVE
WINDERMERE, FL 34786

Current Mailing Address:

8915 LATREC AVENUE, #209
ORLANDO, FL 33819

New Mailing Address:

11709 DELWICK DRIVE
WINDERMERE, FL 34786

FEI Number: 20-5398413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AKPEKE, MICHAEL
8915 LATREC AVENUE, #209
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

AKPEKE, MICHAEL
11709 DELWICK DRIVE
WINDERMERE, FL 34786 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL AKPEKE

09/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AKPEKE, MICHAEL
Address: 8915 LATREC AVENUE, #209
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AKPEKE, MICHAEL
Address: 11709 DELWICK DRIVE
City-St-Zip: WINDERMERE, FL 34876

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL AKPEKE

MD

09/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date